

CLAIMS ONLY

		SERIAL NO.		FILING DATE					
APPLICANT(S)									
CLAIMS									
	*	*	*	*	*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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99									
100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS